



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RHODE ISLAND DEPARTMENT OF TRANSPORTATION
OFFICE OF HUMAN RESOURCES

Two Capitol Hill, Room 214
Providence, Rhode Island 02903-1124
Phone (401) 222-2572; Fax (401) 222-2574; TDD (401) 222-4971

REQUEST FOR TRAINING COURSE REIMBURSEMENT
A completed application must reach us 7 days in advance.

You must have a written approval in hand from the Office of Human Resources prior to the start of the course.

PLEASE PRINT

LAST NAME: _____

FIRST NAME: _____ TEL #: _____

HOME ADDRESS: _____

CITY: _____ ZIP: _____

YOUR JOB CLASSIFICATION: _____

DIVISION: _____ SECTION: _____

UNIT: _____

COURSE REQUEST:

COURSE TITLE AND NUMBER: _____

COURSE STARTING DATE: _____

HOURS: (Time of day; Days of week) _____

COURSE LENGTH: (In total hours) _____

SCHOOL OR AGENCY SPONSOR: _____

COST REIMBURSEMENT REQUEST:

TUITION COST: _____ FEES: _____

TOTAL CHARGES TO BE REIMBURSED: _____

**PAYMENT WILL BE GIVEN
FOR THIS COURSE ONLY IF
YOU:**

1. Receive written approval in advance for job relatedness by your supervisor and Training Officer, Office of Human Resources.
2. Obtain passing grades or satisfactory completion.
3. Forward official transcripts of external courses and all receipts to this office.
4. A timely payment will be processed and mailed directly to your home address for approved courses.

NOTE:

In order to ensure proper credit for **INCENTIVE** training, you must forward a copy of your grade and/or your certificate to the Office of Training & Development, One Capitol Hill, Providence, RI 02908. It is your personal responsibility to secure OTD credit.

OVER PLEASE.....
An Equal Opportunity Employer

MY JOB RELATED OBJECTIVES: _____

I understand that **I MUST RECEIVE ADVANCE APPROVAL** and successfully complete this course in order to receive course payment. I have consulted the Information Bulletin and understand the Rules for Training Programs.

EMPLOYEE SIGNATURE: _____ DATE: _____

DIVISION CHIEF/UNIT SUPERVISOR/OR DIVISIONAL ASSISTANT DIRECTOR.

I have inspected the Rules and the Information Bulletin for Training. I nominate this course request as directly related to this employee's job duties and career training.

☐

RECOMMENDED

☐

NOT RECOMMENDED

DIVISIONAL AUTHORITY SIGNATURE

DATE

APPOINTING AUTHORITY:

I certify that this course is directly related to this employee's job duties and attendance is:

☐

APPROVED

☐

NOT APPROVED

RIDOT HUMAN RESOURCES COORDINATOR/
TRAINING OFFICER

DATE

APPOINTING AUTHORITY DESIGNEE/
HUMAN RESOURCES ADMINISTRATOR

DATE

RETURN TO:

RHODE ISLAND DEPARTMENT OF TRANSPORTATION
Employee Development
Office of Human Resources
Two Capitol Hill, Rm. 214
Providence, RI 02903